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ABSTRACT

The A.A. 12 steps have long been associated with effective helping, both in terms of recovery from chemical addiction and increasing mental health. Historically there has also been a philosophical division between A.A. oriented substance abuse counselors and the rest of the helping professionals. The purpose of this article is to suggest and explore common ground by discussing the A.A. concepts of self-centeredness and avoidance as roots of addiction in relation to theoretical assumptions from some current, popular and well respected psychotherapies. The value of the discussion is threefold. First it offers substance abuse counselors knowledge and information by showing that these A.A. concepts are well grounded in commonly accepted mental health construct. Second, it provides other helping professionals and counselor trainers with greater knowledge, understanding, and respect for A.A. concepts as sound mental health principles. This, in turn, may prompt them to more readily recommend 12-step programs as viable treatment/therapeutic alternatives and adjuncts for their clients. Third, this discussion may help reduce the current schism between the substance abuse field and the helping profession community at large, as it shows the common mission shared by both, which is to help people reduce self-defeating behaviors, function productively and develop to their fullest potential. (Author/BF)

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The A.A. Concepts of Self-Centeredness and Avoidance as Roots of Addiction: Support from Current Psychotherapies

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Running head: SELF-CENTEREDNESS

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Abstract

This article explores the A.A. concepts of self-centeredness and avoidance as roots of addiction in relation to theoretical notions from current psychotherapies, most notably analytical, existential, and person-centered.

The A.A. Concepts of Self-Centeredness and Avoidance as Roots of Addiction: Support from Current Psychotherapies

A.A. 12 steps have long been associated with effective helping, both in terms of recovery from chemical addiction and increasing mental health (Bufe, 1988; Doweiko, 1990; Machell, 1989; Ogborne & Glaser, 1985). However, there has historically been a philosophical division between A.A. oriented substance abuse counselors and the rest of the helping professionals (Machell, 1992).

The purpose of this article is to suggest and explore common ground by discussing the A.A. concepts of self centeredness and avoidance as roots of addiction in relation to theoretical assumptions from some current, popular and well respected psychotherapies. The value of the discussion is threefold. First, it offers substance abuse counselors knowledge and information by showing that these A.A. concepts are well grounded in commonly accepted mental health

constructs. This can be helpful in developing credibility and broadening perspectives.

Second, it provides other helping professionals and counselor trainers with greater knowledge, understanding and respect for A.A. concepts as sound mental health principles. This, in turn, may prompt them to more readily recommend 12 step programs as viable treatment/therapeutic alternatives and adjuncts for their clients.

Third, this discussion may help reduce the current schism between the substance abuse field and the helping profession community at large, as it shows the common mission shared by both, which is to help people reduce self defeating behaviors, function productively, and develop to their fullest potential.

This article is organized into two sections. The sections consist of: 1) self-centeredness and avoidance; and 2) decreasing self-centeredness and avoidance through the A.A. 12 steps.

Self-Centeredness and Avoidance

Founders and early members of A.A. came to view alcoholism as a disease of the spirit (Doweiko, 1990), with this spiritual disease being progressively expressed through a total self-centeredness on the part of the individual (Alcoholics Anonymous, 1987). This excessive concentration on self is what keeps an alcoholic from sobriety, according to Alcoholics Anonymous (1987). Narcotics Anonymous (1982) called self-centeredness the spiritual illness that causes a person to demand "what I want when I want it", and keeps the individual chemically addicted. Indeed, self-centeredness is at the core of alcoholism according to Alcoholics Anonymous (1987).

Doweiko (1990) noted that the AA concept of self-centeredness as a root of addiction "can be viewed as an outcome of a process through which the individual comes to use chemicals to avoid recognition and acceptance of life's problems" (p. 164). Similarly, Asians psychotherapies tend to

believe that "the mind ruled by addiction and aversion is said to be a slave to every situation and environment in which it finds itself, constantly involved in a never-ending search to get what it wants and avoids what it fears. Happiness is said to be dependent on, and limited to, those occasions when the world is lined up to match one's particular pattern of addictions" (Walsh, 1989, p. 152).

From an analytical (Jungian) therapy perspective, Peck (1978) and Kaufman (1989) both described such avoidance as a movement away from mental health (and often toward addiction). Peck (1978) asserted that "some of us will go to extraordinary lengths to avoid our problems, and the suffering they cause, proceeding far afield from all that is clearly good and sensible in order to find an easy way out, building the most elaborate fantasies in which to live, sometimes to the total exclusion of reality" (p. 17).

Existentialists believe that avoidance is often fueled by fear of existential isolation and fear of personal freedom. May

and Yalom (1989) note that these fears, described as the avoidance of accepting that one enters existence alone and must depart from it alone, and the avoidance of personal choices and responsibility, often lead to self centeredness. Existentialists note that a specific intrapsychic defense mechanism for avoiding these fears is the irrational belief in personal "specialness", the notion that ordinary laws of biology do not apply (May & Yalom, 1989). May & Yalom (1989) contend that when a person holds strongly to this self-centered belief, that individual will tend to manifest addictive behaviors.

Similarly, in person-centered therapy, maladjustment in individuals is seen as a lack of consistency between the individual's experiences and their sense of self. According to Rogers, if a person develops a great deal of inconsistency between their experiences and their sense of self, the need to avoid will arise to protect against emotional pain (Raskins & Rogers, 1989). Often, this need leads to addiction. Rogers

believed that only by confronting such inconsistencies can an individual move toward self understanding and acceptance (Raskins & Rogers, 1989).

These theoretical prospectives provide support for A.A.'s concepts of self-centeredness and avoidance as roots of addiction. They are consistent with A.A.'s notion of addiction as a consequence of avoidance of psychological pain and progressive self centeredness.

Decreasing Self-Centeredness and Avoidance through the A.A. 12 Steps

Doing the therapeutic work for the first three steps of A.A. (Alcoholics Anonymous, 1987), (1) admitting that we are powerless over alcohol - that our lives had become unmanageable; (2) came to believe that a power greater than ourselves could restore us to sanity; and (3) made a decision to turn our will and our lives over to the care of God as we understood him/her, provide opportunities to address the self-centeredness that fuels addiction. Exploring these steps can help an individual accept their limitations, and diminish

distorted thoughts of grandiosity and specialness. Maslow claimed that this process of moving out of self-centeredness is necessary for healing and for self actualization (Walsh, 1989).

In viewing these steps from an analytical perspective, Kaufman (1989) noted that Jung believed "we are not masters in our own houses, but we are ruled by forces and sources of energy operating through us, rather than ruled by us" (p. 119). Total faith in the individual (ie. self centeredness), is dangerous to mental health, according to Jung (Kaufman, 1989). Indeed, "Jung believed that an autonomous force exists that persistently pushes us to achieve wholeness (not perfection!), much like the physiological force that guides our physical development. This force is constantly trying to launch us on a process of fulfilling our truest self, thereby finding our own wholeness and particular meaning in life" (Kaufman, 1989 p. 120).

Jung also claimed that the archetype (an a-priority ordering principle that is part of the collective unconscious of human existence) called Self, is an expression of a predisposition to experience wholeness and meaning in life (Kaufman, 1989). Self centeredness will fall away, if as Jung contended (Kaufman, 1989), a person learns to accept a guiding force, the Self, that points the way. Exploring steps 1-3 can help individuals tap into a guiding force, this "God as we understand him" as A.A. states, and can thus help reduce self-centeredness.

Doing the therapeutic work for the A.A. steps 4-9 (Alcoholics Anonymous, 1987) ([4] made a fearless moral inventory of ourselves; [5] admitted to God, to ourselves, and to another human being the exact nature of our wrongs; [6] were entirely ready to have God remove all these defects of character; [7] humbly ask Him to remove our shortcomings; [8] made a list of all persons we had harmed, and became willing to make amends to them all; and [9] made direct amends to

such people wherever possible, (except when to do so would injure them or others) can provide opportunities for individuals to decrease avoidance. Steps 4-9 are a series of self awareness and change oriented activities that help individuals identify, confront, and ultimately overcome their shortcomings. Exploring and confronting one's self is crucial to increasing mental health according to significant psychotherapies.

From an existential perspective, May & Yalom (1989) noted that "Until (individuals) realize that they are responsible for their own conditions, there is little motivation to change" (p. 384). May and Yalom (1989) contend that people must be helped on a course of self investigation so they can identify maladaptive defense mechanisms.

Awareness of self from both intrapsychic and interpsychic perspectives is a primary step toward greater mental health from analytical, existential, and person-centered viewpoints (Corsini & Wedding, 1989). In analytical

psychology, Kaufman (1989) proposed that, "Most of the people applying for therapy have lost touch with their inner worlds; some of them barely aware of its existence. One of the profound consequences of analytical therapy is the rebridging of the gap between the outer and inner worlds" (p. 139).

In existential psychotherapy, greater self awareness encompasses the ability to experience "normal guilt", which sensitizes us to the ethical or unethical aspects of our behaviors (May & Yalom, 1989). Existentialists also believe that individuals must experience and rediscover the living person within to increase their mental health (May & Yalom, 1989).

Rogers (Raskin & Rogers, 1989) came to believe that only by turning one's "locus of evaluation" inward, can that person become successful in living. Only then can an individual develop self acceptance, reduce personal inconsistency (Brown & Peterson, 1990), and confront distortions and denials related to self experiences and concept of self.

Consistent with these discussed theoretical perspectives, A.A. asserts that a major goal of their program is to help individuals develop, "so that which is inside him (or her) will flower" (Alcoholics Anonymous, 1987 p. 371). Certainly working steps 4-9, with tasks such as "making a searching and fearless moral inventory", "Making a list of all persons we had harmed", and "making amends wherever possible", promote greater intrapersonal and interpersonal awareness. Getting in touch with one's inner and outer worlds, experiencing normal guilt and refocusing one's locus of evaluation inward all receive attention through working steps 4-9. The consequences from such work can be the breaking down of avoidance, and thus decreased need for addictive behaviors, and increased mental health.

Steps 10-12 (Alcoholics Anonymous, 1987) ([10] continue to take personal inventory and when we are wrong, promptly admitted it; [11] sought through prayer and meditation to improve our conscious contact with God as we

understood him/her, praying only for knowledge of His/Her will for us, and the power to carry that out; and [12] having had a spiritual awakening as a result of these steps, we tried to carry this message to alcoholics (and to practice these principles in all our affairs) - challenges individuals to continue to build upon steps 1-9. This reinforcement continues to promote self awareness and discourage avoidance and self centeredness.

Step 12, which encourages individuals to carry the message to the alcoholic who still suffers, encompasses the primary purpose of A.A.. In carrying the message to others, A.A. claims that this "sponsorship" has its own rewards for the sponsor (Alcoholics Anonymous, 1987).

Jung in his correspondence with Bill Wilson, the founder of A.A., encouraged him to create A.A. so that the practice of reaching out to the practicing or newly sober alcoholic was a major cornerstone of the program (Machell, 1992). This advice is consistent with Jung's beliefs about how people can

increase their mental health and move toward their fullest potential. He believed that by reaching out to others, especially to those we feel particularly allergic to, we can embrace and assimilate our shadow (that part of ourselves we dislike and deny) and thus reduce self centeredness (Kaufman, 1989). The twelfth step provides ample opportunity for this.

Existentialists believe that individuals are rarely successful in helping themselves unless they can focus on something beyond self. Frankel (May & Yalom, 1989) suggested that people must be helped to "take their gaze off themselves; that is, some patients must be helped in the process of dereflection." (p. 390). May and Yalom (1989) noted that one cannot experience love without a merging of Eigenwelt (one's own-world, relationship with self) and Mitwelt (one's with-world, relationship with others). They also asserted that "we are living in an age of transition where almost every human being feels alienated from fellow humans" (p. 363). Therefore, the act of reaching out and supporting another described in

step 12 can be a powerful opportunity for merging one's worlds and for reducing self focus.

Rogers found (Raskin & Rogers, 1989) that trust, genuineness, positive regard, and empathy were the primary ingredient for helping another, and that in providing these conditions, and therefore helping; helpers develops and grows beyond self concerns and toward their full human potential. In essence, helping another has its own rewards.

Step 12 clearly provides opportunities, for the one reaching out as well as the one reached. Such opportunities are for overcoming self focus, increasing mental health, and developing toward self actualization.

Conclusion

Outcome studies have shown that doing the therapeutic work for the A.A. 12 steps is effective for helping individuals overcome addictive behaviors and increase mental health (Bufe, 1988). This article has discussed several concepts from current psychotherapies which may explain why A.A. is

effective. By exploring the 12 steps, one can reduce the major roots of addiction, self-centeredness and avoidance. This reduction can, in turn, break addictive patterns, help an individual develop greater self awareness, and provide continuing personal growth and development through sponsorship and on-going self monitoring.

A.A. includes principles of recovery that are shared by some prominent current psychotherapeutic perspectives. The description of this common ground is offered to empower substance abuse counselors and encourage other helping professionals to see A.A. principles as sound mental health constructs.

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